Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10-30-13	Address:	DAVIS MILL RD.
Incident #:	13ISPC010864		NEAR WITNESS TREE RD
County:	HARRISON		RAMSEY, IN 47166
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that	: Location (bedroom, kitchen, open air, apply) or Birch Reaction(s):	<u>etc)</u>	
Red Phosphorous/Iodine Reaction(s):			
☐ Hydrochloric Acid Gas Generator(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
☐ Yes ☑ No	age 18 discovered (check appropriate) (number present) not present but evidence they reside	Living condi unclean Estimated let occurring:	tions of home: clean disarray ngth of time manufacturing had been nformation:
This report l	has been faxed* or emailed to the fo	ollowing agencies tha	at serve the location:
Fire Department City, Township or County RAMSEY VFD Fax: 812-738-2195 Health Department County: HARRISON CO Fax: 812-738-4292 Department of Child Services Hotline: deshotlinereports@des.in.gov Fax: 317-234-7595 or 317-234-7596			
	ormation regarding this methamphetan Officer: <u>JACKIE SMITH</u> Phon	mine laboratory, cont ne <u>812-246-5424</u>	act

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.